

HEALTH & SAFETY RISK ASSESSMENT



Site/Location /Area		Date:		Assessment Ref. No.	
Title of Risk Assessment					
Method Statement/Description <i>Describe the task/activity/process listing its key elements in sequence, or refer to another document (attach a copy)</i>		<p>Note:</p> <p>This template is an example of a risk assessment document.</p> <p>A risk assessment is a collaborative effort by employees, subject matter experts, safety person and supervisors/managers.</p> <p>If you wish to have a word version of this document to amend to your organization's requirements, please contact Lisa Brooks at the Workers Compensation Management Bureau on 406-439-0122</p>			
Other applicable Risk Assessments					

List any **Existing Common Controls** that are relevant to this task/activity e.g. New employee orientation, task specific training, lock out, tag out.

01		09	
02		10	
03		11	
04		12	
05		13	
06		14	
07		15	
08		Other:	



1. WHAT MIGHT BE THE TYPES OF HAZARD?		Assessment Ref. No.
<input type="checkbox"/> Slips, Trips & Falls <input type="checkbox"/> Fall from Height <input type="checkbox"/> Manual Material Handling <input type="checkbox"/> Vehicles <input type="checkbox"/> Falling Objects <input type="checkbox"/> Radiation <input type="checkbox"/> Sharp Objects <input type="checkbox"/> Workplace Violence <input type="checkbox"/> Confined Space <input type="checkbox"/> Ergonomics <input type="checkbox"/> Blood borne Pathogens	<input type="checkbox"/> Noise <input type="checkbox"/> Excessive temperature extremes (Hot and Cold) <input type="checkbox"/> Smoke or Dust <input type="checkbox"/> Hazardous substances <input type="checkbox"/> Vibration <input type="checkbox"/> Fire & Explosion <input type="checkbox"/> Electricity <input type="checkbox"/> Suffocation <input type="checkbox"/> Animal attack <input type="checkbox"/> Lone Working	
<p>If OTHER Please Describe:</p> 		

2. WHO MIGHT BE AFFECTED?		
<input type="checkbox"/> Employees <input type="checkbox"/> Contractors <input type="checkbox"/> Customers	<input type="checkbox"/> Visitors <input type="checkbox"/> Public <input type="checkbox"/> Vulnerable People <input type="checkbox"/> Other	<i>Comments if Other, Multiple Groups or Vulnerable People</i>



HAZARD & RISK MITIGATION						Assessment Ref. No.		
3. SPECIFIC HAZARDS <i>Description of hazard, where it exists, what could be its effect & potential for harm? What could happen?</i>	4. EXISTING CONTROLS <i>Description of existing controls linked to the hazard(s) identified. List existing common controls.</i>	5. RISK RATING (Likelihood x Severity)			6. ADDITIONAL CONTROLS <i>Describe further action, if required, to reduce the risk rating, and then revise the risk rating after these additional controls are considered.</i>	7. REVISED RISK RATING		
		L	S	Risk		L	S	Risk



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HEALTH & SAFETY RISK ASSESSMENT: ACTION PLAN				Assessment Ref. No.	
1. Ref	2. Action	3. Responsibility for Action	4. Date to be Completed	5. Date completed	



HEALTH & SAFETY RISK ASSESSMENT: CONSULTATION & APPROVAL		Assessment Ref. No.	
<i>This risk assessment has been reviewed by relevant people involved in the task/activity</i>			

Subject Matter Consultation <i>The following colleagues were consulted to facilitate a team approach to this risk assessment (E.G. Manager, Safety Rep, Colleagues, Engineers) Specific names are not required, titles only.</i>	Job Title/Position/Organization	Notes

Safety Department Contact Name		Note	
Date of Assessment		Review Date <i>To be reviewed by</i>	
Comments			

HEALTH & SAFETY RISK ASSESSMENT: MANAGEMENT REVIEW <i>Confirmation that the Risk Assessment is reviewed by management and significant changes actioned</i>	Assessment Ref. No.	
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Declaration of Risk Assessment Review					
Are there Significant changes to be made to this assessment? (Significant = e.g. New piece of equipment installed, Additional Customer / Major increase in activity etc) If Yes conduct a new Risk Assessment after commissioning.					
Safety Contact		Date		Signature	
Manager		Date		Signature	
Job Title					
Senior Manager		Date		Signature	
Job Title					
Comments <i>(List any Review Actions approved by the Senior Manager that are required e.g. Circulation of Information to Colleagues – including dates for implementation)</i>					



HEALTH & SAFETY RISK ASSESSMENT: RISK RATING ESTIMATOR	Assessment Ref. No..	
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			SEVERITY of HARM (S)				
			1.	2.	3.	4.	5.
			Minor Harm (Other injuries – unlikely to incur lost time)	Slightly Harmful Minor Injury OR Muscular Strain)	Harmful (Broken Limb or Non permanent incapacity)	Major Harm (Permanent Disability e.g. loss of sight, or limb)	Extreme Harm (Fatality)
LIKELIHOOD (L)	1.	Highly Unlikely	1	2	3	4	5
	2.	Unlikely	2	4	6	8	10
	3.	Possible	3	6	9	12	15
	4.	Likely	4	8	12	16	20
	5.	Highly likely	5	10	15	20	25

Risk Level Category (based on score):

RISK LEVEL CATEGORY	SCORE	ACTIONS TO BE TAKEN
Negligible	1	These are low priority risks. Continue with task/Activity, ensuring that people who might be affected are made aware of the risks and controls recorded in this assessment.
Tolerable	2-4	
Moderate	5-12	Possible or even likely to occur causing more than a minor injury, these risks should be communicated, and effort made to further reduce the severity and likelihood of harm.
Substantial	15-16	These risks are highly likely to lead to incapacitating injury. Therefore, prioritise further actions to reduce the risks. Ensure substantial risks are communicated to relevant Safety Managers.
Intolerable	20-25	DO NOT CONTINUE WITH THE TASK OR ACTIVITY – STOP IMMEDIATELY



